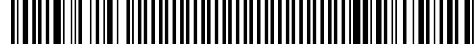


EXHIBIT 1

To Declaration Of

Matthew Leeper



August 9, 2016

00987
DAVID PERRAS
1070 TRAILMORE DR
ROSWELL GA 30076

Dear David Perras,

As the insurance carrier for your group life coverage, we understand that you have experienced a change of benefits provided through The Coca-Cola Company

This change is effective 07/29/2016, and at that time your life insurance benefits will end or be reduced. You have some options and we would like to help you with these time sensitive and important decisions. Please look at the chart below to see which coverage is eligible for Conversion.

Time sensitive application period

Carefully read the enclosed Conversion Notice. It contains timeframes associated with each option and specific details regarding the amount and types of coverage that may be converted.

Have questions? We can help!

You may receive a call from a MetLife Agent regarding your options. If you have questions, you can also arrange a meeting with a local MetLife Agent by calling **1-877-ASK-MET7 (1-877-275-6387)** Monday-Friday 9:00 a.m. to 6:00 p.m. (ET) or visit www.metlife.com/DecisionSupport. The MetLife Agent can provide information regarding costs and explain the benefits. They can also help you with the application process to apply for individual coverage.

<u>Coverage Type</u>	<u>Amount Eligible for Conversion</u>
Basic Life	\$ 75,000
Optional Life	\$ 300,000
Spouse Dependent Life	\$ 0
Child Dependent Life	\$ 0

Understanding your change in benefits

Some of the reasons for the change in your benefits may include:

- Voluntary or involuntary termination of employment, including retirement
- Scheduled reduction or termination of coverage
- Change in dependent spouse or child eligibility, such as a child reaching the plan's limiting age, death of employee, divorce, or termination of domestic partnership
- Change in employee class or plan eligibility
- Termination of the group policy

Understanding conversion

Conversion allows you to "convert" your group life coverage, in the same or a lesser amount, to a permanent individual life insurance policy. This policy will be issued without the need for a medical exam, provided you apply for and pay the premium within the application period. The application must be completed with a MetLife Agent. Accidental Death & Dismemberment coverage provided by MetLife is not eligible for conversion.

Other options may be available

For assistance, contact us at 1-877-ASK-MET7 (1-877-275-6387) Monday-Friday-9:00 a.m. to 6:00 p.m. (ET) to request a call from a MetLife Agent.

Don't delay

Please remember that you are responsible for initiating continuation of coverage within the applicable timeframe. We look forward to hearing from you.

Sincerely,

MetLife Transition Solutions

Enc: Conversion Notice

Metropolitan Life Insurance Company (MLIC), New York, NY 10166. Securities products offered through MetLife Securities, Inc. (MSI) (member FINRA/SIPC), 1095 Avenue of the Americas, New York, NY 10036. New England Financial is the registered mark for New England Life Insurance Company (NELICO), 501 Boylston Street, Boston, MA 02116. Securities products offered through New England Securities Corp. (NES) (member FINRA/SIPC), 1095 Avenue of the Americas, New York, NY 10036. MLIC, MSI, NELICO and NES are MetLife companies.



Metropolitan Life Insurance Company, New York, NY

Notice of Group Life Insurance Conversion Privilege

INSTRUCTIONS TO POLICYHOLDER/RECORDKEEPER: Complete this Notice and provide a copy to the employee when group coverage terminates or reduces. If coverage has been assigned, provide notice to the Assignee. If an Accelerated Benefits Option claim was paid, show the remaining amount of coverage following payment. Fax a file copy of this Notice to MetLife at 1-888-422-4272, or send via e-mail to solutions@metlife.com.

INSTRUCTIONS TO ELIGIBLE PERSON: Upon termination or reduction of group insurance, you may convert your coverage to an individual life insurance policy, which will be issued without medical examination if you apply for it and pay the required premium within the application period.

APPLICATION PERIOD: The application period is based on the date your group coverage terminates and the date of this Notice. Generally, you have 31 days from the date group coverage ends to apply for conversion. However, if this Notice is dated more than 15 days from date of termination, your application period is extended for an additional 15 days. If the 15 -day extension applies to you, it will not exceed more than 91 days from the date group insurance was terminated.

The conversion application period is time-sensitive. If you are interested in converting your group coverage, you must meet with a licensed MetLife Financial Services Representative and complete an application. Call 1-877-ASKMET7 (1-877-275-6387) or go online: www.metlifeadvice.com to begin this process. Please provide a copy of this Notice to the representative when you meet. If your application is approved, the individual policy will be issued on the 32nd day following termination of group coverage, regardless of the date of application.

This Notice is not a conversion application or policy

Eligible Person / Employee Information

Date of this Notice August 9, 2016	Date Group Coverage terminates or reduces: July 29, 2016				
Name of Insured (Last, First, MI) Perras, David	Relationship to Employee <input type="checkbox"/> Self <input type="checkbox"/> Dependent	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /		
Name of Owner if Certificate is Assigned (Last, First, MI)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /		
Dependent Name, if applicable (Last, First, MI)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /		
Street Address of Insured/Owner 1070 TRAILMORE DR	City ROSWELL	State GA	Zip Code 30076	Phone () -	Date Group Life benefits became effective for insured / /
Reason for termination: <input type="checkbox"/> Termination of Employment <input type="checkbox"/> Retirement <input type="checkbox"/> No Longer an Eligible Dependent <input type="checkbox"/> Termination of Group Policy or Class under Policy <input type="checkbox"/> Total Disability					

Coverage Information

<p>Complete the relevant column based on the event triggering conversion.</p> <p>If an accelerated benefits option claim was paid, be sure to reduce the amount available for conversion by the ABO claim amount.</p>	<p>If coverage is ending due to termination of employment or eligibility, complete the applicable fields below.</p>	<p>If the group policy or a class under the policy is ending, complete the applicable fields below. The amount of coverage available for conversion is the lesser of the amount lost, or \$10,000, provided the insured was covered under the plan for at least five years.</p>
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Coverage Type	Group Policy Report Number	Coverage Amount	Coverage Amount, if less than \$10,000
Basic Life	149612	\$ 75,000	N/A
Supplemental Life	149612	\$ 300,000	N/A
Dependent Spouse Life	149612	N/A	\$ 0
Dependent Child Life	149612	N/A	\$ 0
Group Universal Life			
Survivor	149612	N/A	N/A

Group Policyholder Name The Coca-Cola Company	Group Policyholder Address ONE COCA-COLA PLAZA NW ATLANTA GA 30313
Authorized Group Policyholder Representative (Print) MetLife Transition Solutions	Signature of Authorized Group Policyholder Representative Date 

